

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031405

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 4505

FILED SEP 14 1962

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in lb. <u>33 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>3100 Perry</u>		d. STREET ADDRESS (If outside, give location) <u>4614 E. 11th St</u>	
3. NAME OF DECEASED (Type or print) First <u>DAVID</u> Middle <u>P.</u> Last <u>WIRE</u>		4. DATE OF DEATH Month <u>8</u> Day <u>29</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-28-1887</u>
9. AGE (last birthday) <u>74</u>	10. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u>		11. BIRTHPLACE (City and state or country) <u>West Plains, Mo.</u>
10a. FATHER'S NAME <u>James P. Wire</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-Employed</u>	
13a. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Newcomb</u>		13b. NAME OF HUSBAND OR WIFE <u>Annie R. Wire</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Annie R. Wire</u> Address <u>4614 E. 11th St.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Prostate</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Arteriosclerotic Heart disease & old infarction</u> DUE TO (c) <u>Diabetes mellitus</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>9:45</u> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year <u>11/12/60</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>11/12/60</u> to <u>8/29/62</u> and last saw ^{her} him alive on <u>8/20/62</u> Death occurred at <u>9:45</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wilson H. Miller</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>3626 Ind. Ave. Kansas City 24 Mo.</u>	
22c. DATE SIGNED <u>8/31/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>9-1-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>	
23d. LOCATION (City, town, or county) <u>Kansas City Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>8-31-62</u>	
24. FUNERAL DIRECTOR <u>Sheil Funera) Home</u> ADDRESS <u>K.C.M.</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

DOCUMENT

BY AFFIDAVIT OF
Wilson H. Miller MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

Dr Wilson Miller
3621 Ind. Ave.
12:30 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4827

P. O. Address H. C. 8th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.